THE IMPACT OF DOMESTIC VIOLENCE INTERVENTION UPON FURTHER RISK OF CHILD MALTREATMENT

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(2005)

ABSTRACT

In families where child abuse and neglect exist it is possible that domestic violence is present as well. This study examined data collected from closed child protective services cases that had domestic violence issues identified. The sample size (n=50) in this study consisted of 50 of these cases. These cases were randomly selected from the ten counties of the Gateway/Buffalo Trace Service Region in the state of Kentucky. The cases were assigned to one of two groups. The treatment group consisted of cases that had domestic violence intervention. The cases that received no domestic violence intervention were assigned to the non-treatment group. The researchers hoped to show a correlation between domestic violence intervention and a lowered risk of child abuse. The researchers believed that those cases that do not receive domestic violence intervention would have a risk which remained the same or was higher, rather than lower. The researchers used a data collection instrument to collect demographic data as well as data that described what type of domestic violence intervention is used, if any. The researchers recorded risk assessment scores that were generated by the child protective service workers. The researchers recorded the initial risk score documented by the service workers as well as the final score. The researchers hoped to find that cases which received domestic violence intervention had lower final CQA scores than their initial CQA score.

The impact of domestic violence intervention upon further risk of child maltreatment

INTRODUCTION

The American family has been described as the most violent of institutions (Hutchings, 1988). Many studies support the evidence of the co-occurrence of domestic violence and child maltreatment. Straus et al., noted a nationally representative sample of American families which found a 129% greater chance of child abuse when the husband had hit his wife, than in cases where the wife was not hit. They also report if the mother has been hit, she is twice as likely to abuse her own child as a mother who has not been hit (Straus, 1990). In 1998 the American Academy of Pediatrics reported that child abuse occurs in 33% to 77% of families in which there is abuse of adults (American Academy of Pediatrics [AAP], 1998). Every third family that comes into contact with child protective services includes a mother who is currently being battered by her partner. These rates tend to go up for mothers with children referred to child protective services from hospitals for suspected child abuse (Coohey, 2004).

Spouse abuse or domestic violence and child abuse have traditionally been examined as separate issues. Distinct service delivery systems and social polices have developed to address these problems. However, research has shown that they are clearly linked in families. Those in the child welfare and adult protection field must recognize the link between domestic violence and child maltreatment. The practice implications begin with the intake process of battered women and/or abused children, and continue through assessment, treatment planning, intervention strategies, and the evaluation of client progress (McKay, 1994). As the issues are linked, so must the services be linked.

The Kentucky Cabinet for Health and Family Services has recognized the link between domestic violence and child maltreatment. This is evidenced by the required Continuous Quality Assessment which addresses the current and historical assessment of domestic violence in families dealing with child maltreatment issues (see Appendix I). The Cabinet for Health and Family Services child protection manual even provides a “tip sheet” for professional staff to assist them in screening (see Appendix II) for domestic violence in child maltreatment reports (Cabinet for Health and Family Services [CHFS], 2004, 7B.5)

Based upon the literature review, the hypothesis of this study was that if there is intervention for domestic violence issues in a child protection family case, the risk of child abuse and neglect will decrease. Therefore, the independent variable in this study was any degree of intervention for domestic violence issues in identified child abuse/neglect cases. The dependent variable was the child/neglect risk score on the closing Continuous Quality Assessment (CQA) in child protection cases, where domestic violence issues were identified.

LITERATURE REVIEW

Addressing the issues of domestic violence and child abuse are now a part of the fabric of the human services profession. However, a closer examination reveals little direct attention to the relatedness of different forms of family violence. Slep et al., argue that despite the use of the generic term of “family violence”, professional discussion and research regarding the possible overlap of etiological/predictive factors across types of family violence are virtually absent, and prevention and treatment research and services for partner and child abuse remain largely distinct enterprises (Slep & O'Leary, 2001, p. 87). While recent research has documented a pervasive link between child maltreatment and domestic violence, the necessary integration of this perspective into the work of law enforcement, the judicial system, the child welfare system and social service providers has not yet occurred (Osofsky, 2003, p.161).

Several studies have been conducted to attempt to understand the magnitude of families who experience both domestic violence and child abuse. National survey data reported by Straus indicate that of fathers who frequently abused their wives, 50% also abused a child three or more times within the previous year (Straus, 1990, p.403). In a comprehensive review on the co-occurrence between domestic violence and physical child abuse, Appel et al., reported that in large-scale community samples, 6% of all families show evidence of physical mal-treatment of children and marital violence (Appel & Holden, 1998). However for identified clinical samples, 80% of the studies report co-occurrence rates of at least 40% (Margolin, Gordis, Medina, & Oliver, 2003, p.416). The American Academy of Pediatrics reported in 1998 that child abuse occurs in 33% to 77% of families in which there is abuse of adults (American Academy of Pediatrics [AAP], 1998). Straus, et al., noted a nationally representative sample of American families which found a 129% greater chance of child abuse when the husband had hit his wife

than in cases where the wife was not hit. They also report if the mother has been hit, she is twice as likely to abuse her own child as a mother who has not been hit (Straus, Gelles, & Steinmetz, 1980). Every third family that comes into contact with child protective services includes a mother who is currently being battered by her partner. These rates tend to go up for mothers with children referred to child protective services from hospitals for suspected child abuse (Coohey, 2004, p.943). The U.S. Preventive Services Task Force (USPSTF) reports approximately 1 million abused children are identified in the United States each year. And in 1999, an estimated 1100 children died of abuse and neglect. Estimates of the prevalence of intimate partner violence in the United States indicate that 1 to 4 million women are physically abused by their intimate partners each year (U. S. Preventive Services Task Force [USPSTF], 2004, p.383). Analyzing data from the 1985 National Family Violence Survey, Ross found that for husbands, the risk of child abuse escalates from 5% with a single act of partner aggression in a year, to nearly 100%, with an average of one act of partner aggression per week. For wives, the risk of child abuse escalates from 5% with one act of partner aggression in the past year, to 30%, with an average of one act of partner aggression per week (Ross, 1996). Many research studies over the last few years reported an association between child abuse and domestic violence (Folsom, et al., 2003,Pulido 2001,Spath 2003, Waugh 2002). However, Splat found that most studies linking child abuse and domestic violence use data collected from child protective services. Unfortunately, this information may not be adequate to use as a generalization to the entire population, due to the fact that not all people involved in relationships where child maltreatment and domestic violence occur are involved with protective services (Spath, 2003). And Kernic et al., argue that despite the agreement of most studies that children exposed to their mother's abuse are at increased risk of at least some type of behavioral disturbance, the validity

of much of the previous work in this field is compromised by the inability to account for the co-occurrence of child abuse (Kernic, Wolf, McKnight, Huebner, & Rivara, 2003, p. 1235).

The literature supports the fact that domestic violence and child abuse often happen within the same household. Giles-Sims suggests that domestic violence and child abuse go hand in hand because patterns of violence tend to follow a domino pattern. The example is the husband who is chewed out by the boss and comes home to beat his wife, who hits the child who in turn kicks the dog. She gives two theoretical ideas aid in explaining the domino pattern of violence: the frustration-aggression hypothesis and the resource theory of violence. The frustration-aggression hypothesis indicates that people are aggressive when their goals are blocked. A resource theory of violence implies that the more resources a person can command the more force that person has available, but there is a decreased likelihood of using that force. In other words, when a person has few resources they are more likely to resort to violence and to choose a “safe” target (Giles-Sims, 1985, p.205). Family violence is also framed in the family system theory. Hanson et al., criticized a systems approach as not only potentially dangerous to the woman, but because looking for circular patterns within the relationship subtly blames the victim for the aggressive acts (Hansen & Goldenberg, 1993, pp. 82-92). In their article examining partner and child abuse, Slep et al., make it clear that they do not view child abuse and partner violence as the same phenomena with different victim-perpetrator relations. Rather they suggest the possibility of child and partner abuse as both overlapping and distinct with shared and unique risk factors and processes (Slep & O'Leary, 2001, p. 88). At the individual and family process levels, they believe both partner abuse and child abuse theories stress the important roles of reinforcement, modeling, emotional or physiological arousal dysregulation, and social cognition (Slep & O'Leary, p. 91). However, partner abuse theory focuses more

heavily on attitudes than does the child abuse theory. And child abuse theory explicitly includes more cognitive variable and processes. Partner violence theory attends more heavily to the perpetrator's use of physical aggression. In contrast, child abuse theory places more emphasis on physical abuse as an escalation of coercive discipline that has been previously reinforced via successful control of the child. Overall, these theoretical parallels are clear enough to Slep et al., to support their hypothesis that similar or shared processes influence both partner and child abuse (Slep & O'Leary, p. 92).

According to Hurley et al., children who are victims of domestic violence or child abuse or of exposure to traumatizing events such as the injury or death of a parent, often suffer irreparable psychological damage (Hurley & Jaffe, 1990). Understanding the effects of traumatic events that can occur when children witness domestic violence is a key to beginning to provide intervention for families. Some believe that child protection agencies have been slow in taking action on the relationship between domestic violence and child abuse. Maynard found that one-third of a sample of 103 cases drawn from a statutory childcare setting involved domestic violence. He concluded "in spite of high levels of domestic violence in child protection cases there has been frequent criticism of intervention in these families. Social workers in particular have been criticized for giving little attention to the mother's well-being unless children are being directly harmed"(Maynard, 1985, p. 84). Child protective services workers have also been criticized by "for being slow to recognize the link between domestic violence and child abuse" (Stark & Flitcraft, 1998, p. 101); for "ignoring the effects on children of witnessing domestic violence"(Bradon & Lewis, 1996, p.40); and for "focusing on the mothers rather than addressing the man's violence"(Milner, 1993, p.52)

While the literature supports both the co-occurrence and similarities of partner and child abuse, there is limited literature surrounding the effective treatment or intervention of the co-occurrence. In her article about treatment considerations, McKay notes that those who work with victims of domestic violence are seriously concerned about the recommendation that the couple obtain marital therapy or family therapy when child abuse is found. She cites a number of feminist family therapists who developed new ways to incorporate some portions of systems theory into more applicable assessment and conjoint treatment models that take into account safety, gender, and power when child abuse and domestic violence are present in the same family (McKay, 1994). A unique program was developed in Miami-Dade County, Florida involving the judiciary in a comprehensive effort to address domestic violence within the context of the child protection system. The Dependency County Intervention Program for Family Violence (DCIPFV), in conjunction with the county's batterers' intervention and victim services center, developed an intervention program for child and their mothers where allegations of abuse or neglect and indications of co-occurring domestic violence have been identified. This program consists of 12 weeks of concurrent groups for mothers and their school-age children, wherein existing maternal and child strengths and coping skills are supported and encouraged, and clinical efforts are directed toward improving parenting skills, increasing safety planning, and reducing trauma symptoms in mothers and children. And was funded by the Violence Against Women Grants Office of the U.S. Department of Justice, as a response to the growing recognition that family violence interventions by domestic violence shelters, child protective services, and dependency courts need to be modified and coordinated so as to protect the safety and welfare of both the adult and child victims of violence in the home (Lecklitner, Malik, Aaron, & Lederman, 1999).

Giles-Sims women interviewed twenty-seven battered women with children under age 18 who had sought help at a shelter were interviewed about violence and abuse to their children by themselves and the men involved using a modified Conflict Tactics Scale. Twenty-one of these women were re-interviewed 6 months later. Longitudinal comparisons indicated that the total group of children was abused less after the woman's stay at the shelter, but a significant proportion maintained patterns of violence and abuse. Most of the reduction resulted from women not longer living with abusive men (Giles-Sims, 1985, p. 205). The data provided by this study provides encouraging evidence that the risk of child abuse may be significantly reduced following intervention.

An exploratory research by Johannson et al., evaluated two 12-week groups for ten couples who had previously completed 24-week separate gender family violence groups. The program was called, "A Couples Group—Enhanced Relationship Functioning". The one year follow up reported that a number of couples experienced further violent episodes. The study indicated, given the complexity of applying the skills in the couple context, 12 weeks of treatment in after-care treatment groups may not be sufficient. Further, the study indicated that the group would likely not work well with couple with multiple problems. Thus this intervention does not seem to be a viable resource for co-occurring family violence intervention (Johannson & Tutty, 1998).

Catherine Humphreys used a qualitative method to explore ways that child protective professional intervened in 32 cases where domestic violence was a part of the family dynamics. The majority of families in this study were Asian. Of the 32 cases, 93 children were identified for child protective services. Humphreys examined documentation analysis of case files and then conducted interviews with the social workers. The study found that race may play a role in how

social workers intervene with families, due to fears or ignorance of other cultures. It also suggests that social workers own biases get in the way of providing adequate interventions to families. Thus causing important issues such as domestic violence to not be addressed and leaving children of these families at an increased risk of victimization, due to not possessing a comfort level with diverse populations. The results of this study, however, can not be generalized due to the limited access to case notes and files of other cultures and the small sample size (Humphreys, 1999).

Based upon the literature review, the hypothesis of this study was that if there is intervention for domestic violence issues in a child protection family case, the risk of child abuse and neglect will decrease. The independent variable in this study was any degree of intervention for domestic violence issues in identified child abuse/neglect cases. The dependent variable was the child/neglect risk score on the closing Continuous Quality Assessment (CQA) in child protection cases, where domestic violence issues have been identified.

METHODOLOGY

The researchers performed a quantitative study. The research study had a treatment and non-treatment group. The strategy was to demonstrate a correlation between domestic violence intervention and improved Continuous Quality Assessment (CQA) scores. The CQA scores are measures that the Cabinet for Health Family Services uses to determine risk levels of the child protective cases. The higher the CQA score, the higher the risk of child abuse and neglect. Once a child abuse case is opened, the child protective worker uses a scoring system to tabulate a score of risk. This score is the initial CQA score. Prior to closing a child protective services case, a final CQA score is assessed. The final/closing CQA score may be the same, higher or lower.

The researchers extracted data from closed child protective cases in which domestic violence had been identified. The researchers recorded the initial CQA score as well as the final CQA score. The researchers expected to find that cases with domestic violence intervention should have more improved CQA scores than those cases without intervention.

The researchers submitted an IRB proposal to the University of Kentucky as well as to the Cabinet for Health and Human Services (See Appendix III &IV). The researchers also presented the research proposal to the Service Region Administrator Associate (SRAA) of the Gateway/Buffalo Trace Region. A letter from the SRAA granting permission and expressing full support of the project is attached in Appendix V.

The researchers randomly selected 100 cases from the 10 counties of the Gateway/Buffalo Trace Service Region. This random selection was be made by identifying the first 10 closed cases from each county from the July 2004 through January 2005. The researchers will then determine which cases had domestic violence issues. This information

would be noted on the initial CQA assessment. Only those cases with domestic violence identified were used in the study. Once the researchers had 25 cases of no domestic violence intervention and 25 cases with domestic violence intervention, they began to use the data collection instrument. The instrument asked if there was domestic violence intervention, and if so was there more than one type. The researcher recorded the type of any intervention. The researcher also recorded the initial and final CQA score. The instrument asked if the batterer was male or female, how many children are in the home, the ages of the children, if this is a single parent household, and if this is a blended family. The researcher recorded if the batterer lives in the home and if the domestic violence victim and batterer are married.

The independent variable of the study is the domestic violence intervention. For the purpose of this study, the researchers operationally defined domestic violence intervention as a type of domestic violence shelter referral, counseling for the victim or batterer, domestic violence court advocacy, providing legal aid information related to domestic violence issue, and domestic violence support groups. The dependent variable of the study is the final CQA score. The CQA score, as described before, is operationally defined as the final score a child protective service worker assigns a family based on the risk assessment completed. This is the same risk assessment that is completed when the case is first opened. The researchers hoped to find that child protective cases that had domestic violence intervention had an overall improvement in their final CQA score.

The researchers did not work with human subjects. They only used a data collection method. The data was extracted from closed protective services cases. The cases were not be identified by name or original case number. Each case will be assigned a number, 1-50. The researcher who had access to this confidential information assigned the random cases a number.

The researchers recorded the case number on the data collection instrument. To ensure that no harm would be done IRB proposals were sent to both the State of Kentucky and The University of Kentucky.

The initial CQA score functioned as a pre-test. The ending CQA score functioned as a post-test. The cases were assigned to one of two groups based on whether or not they had received domestic violence intervention. The group who did not receive intervention was the non-treatment group. The group who did receive domestic violence intervention was the treatment group. Having a non-treatment group shall be helpful in preventing threats to validity.

The researchers developed a data collection instrument (see Appendix IV). No other existing instrument would be appropriate to use in this study. The research instrument is a type of survey. This is not a survey that was sent out to human subjects. There was be no contact with human subjects. The researchers used case information to determine if a case had domestic violence intervention. The researchers then recorded the data extracted from the closed cases onto the instrument. The initial and ending CQA scores were recorded on the instrument. The data was analyzed using descriptive statistics. Simple regression was also used to measure the correlation between the independent and dependent variables.

RESULTS

The research study collected information on the gender of the batterer. In 90% of the 50 cases, a male was a batterer. Only 30% of the cases had a female batterer. It is important to note that in some cases, both a male and female was noted as being a perpetrator of domestic violence.

Female batterer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	15	14.6	30.0	30.0
	no	35	34.0	70.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

Male batterer

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	45	43.7	90.0	90.0
	no	5	4.9	10.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

Another variable that was examined was number of children in the home. Twenty-eight percent of the homes only had one child. Forty-six percent of homes had two children, 18 percent had 3 children, 6% with four children, and only 1% with 5 children in the home.

Number of children in home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	14	13.6	28.0	28.0
	2	23	22.3	46.0	74.0
	3	9	8.7	18.0	92.0
	4	3	2.9	6.0	98.0
	5	1	1.0	2.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

Out of the 50 cases studied, 32% of the cases had more than one domestic violence intervention offered. Only 1 case remained in the high risk category after receiving more than one intervention. Ten percent of cases were in the significant risk category after multiple interventions. Nineteen of the cases were ranked at a moderate risk, and 50% of the cases were in the low risk category after receiving more than one intervention.

>1 type of intervention offered

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	16	15.5	32.0	32.0
	no	34	33.0	68.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

high risk

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	1	1.0	2.0	2.0
	no	49	47.6	98.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

significant risk

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	5	4.9	10.0	10.0
	no	45	43.7	90.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

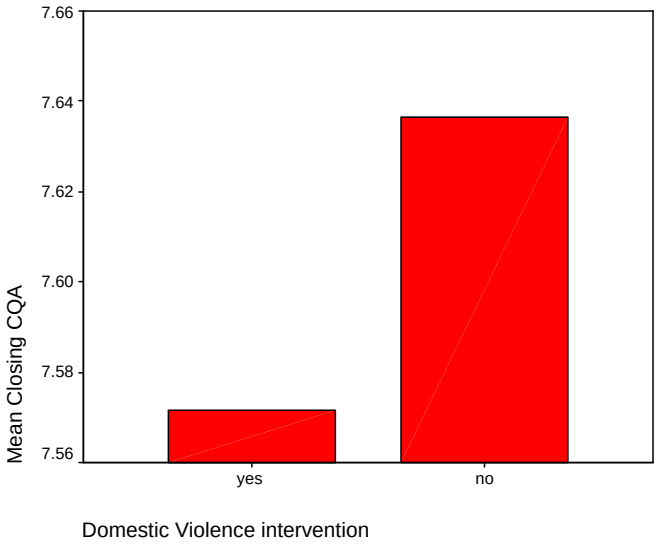
moderate risk

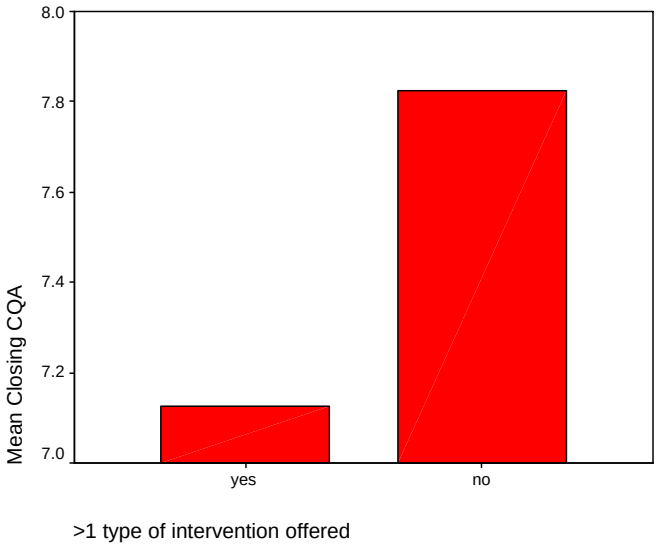
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	19	18.4	38.0	38.0
	no	31	30.1	62.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

low risk

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	25	24.3	50.0	50.0
	no	25	24.3	50.0	100.0
	Total	50	48.5	100.0	
Missing	System	53	51.5		
Total		103	100.0		

Cases that received interventions had a Mean Closing CQA score of 7.57. Those that did not receive interventions had a Mean Closing CQA of 7.65. Cases that received more than one intervention had a Mean Closing CQA score of 7.1.





A Paired Samples Test was computed using all 50 cases. The Initial and Closing CQA scores were compared. The result showed a significant difference.

Paired Samples Test

	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1 Initial CQA - Closing	8.48	6.958	.984	6.50	10.46	8.617	49	.000

A Paired Samples Test was also used for comparing the Initial and Closing CQA scores on all the cases which had received more than one intervention. This showed a significant difference as well.

Paired Samples Test

>1 type of intervention ofl		Paired Differences					t	df	ig. (2-tailed
		Mean	td. Deviatio	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
no	Pair 1 Initial CQA - Closin	8.24	7.766	1.332	5.53	10.94	6.184	33	.000

DISCUSSION

As with any research study, limitations are expected. This research study has a small sample size of only fifty cases. A sample of this size does not allow a generalization to be made to the entire population because it cannot safely be representative of the larger population. The study sample size was taken from only one state out of fifty. The state from which the sample size was drawn has 120 counties. Our study only examined CPS agencies and their workers from 10 of those counties. The fact that the intervention used in the study, domestic violence has no set across the board guidelines, which specifically define the term and is accepted socially by everyone is another limitation. The study also was unable to use a standardized instrument for measurement. The researchers developed an instrument for measurement, which has not been proven as reliable due to limited usage.

External validity factors must to be considered when discussing limitations to our study. The CPS workers all do not posses the same educational backgrounds. Therefore, those with educational backgrounds in psychology may view domestic violence differently than those with a degree in social work. Upon the initial CQA, a family could have one worker then upon the closing CQA have another worker for various reasons. The family's worker has resigned his/her position, been terminated, or may be out of the office, when the family's case is to be viewed for closure. And one final limitation that may occur when using a pretest and post-test for comparison is that of reactive or interactive effect of testing, this occurs because your subjects may have gained increased knowledge, which may allow them to score higher or lower (in our case, score lower) on the post-test. This typically means that your post-test results may not be reflective of the intervention provided, but by the subjects gained knowledge.

The literature review for the research topic states that there is a link between child maltreatment and domestic violence. Therefore this link does lend itself to concluding that domestic violence and child maltreatment are focus issues/problems for families who may be receiving services from the local CPS agency. The literature review stresses the importance of providing adequate intervention for both domestic violence and child maltreatment, and not allowing either to go unidentified or addressed, due to the negative impacts which both create upon families and their ability to function in society. However, the current literature does lack empirical research that examines whether or not CPS worker who do identify domestic violence, provides an appropriate intervention, once it is identified. Because of the lack of information, it is difficult to say that the researchers' hypothesis has a strong or weak correlation to one another.

The researchers can only confirm that child maltreatment and domestic violence, as with the literature review, are more likely to coincide with one another. The researchers had hoped to prove that domestic violence and child maltreatment have co-morbidity in CPS cases and families. Also when CPS workers able to identify issues of domestic violence with families they are serving, as well provide the families with an intervention would likely decrease the risk of future child maltreatment for these families.

SUMMARY

This research project can be applied to child welfare practice within the Cabinet for Health and Family Services. The Cabinet does have in place, a comprehensive assessment for co-occurrence of domestic violence and child maltreatment. However, the research study may provide CPS workers with an increased amount of knowledge about the effects of domestic violence upon children, the ability to observe that interventions of any magnitude will have a positive effect upon the post-test scores of a CQA score, increase the CPS workers ability to more accurately assess and address issues of domestic violence, and increase the CPS workers level of self-awareness related to their own existing biases. Based upon the outcomes for the applications to practice, the hope is that it will begin to raise other questions about reasons why or why not domestic violence issues are and are not addressed by that CPS worker upon initiation of the CQA assessment.

Future research may make possible correlations about why domestic violence issues may or may not be addressed by CPS workers. Feasible suggestions may be made that will increase the likelihood that CPS workers can gain insight, which will increase their knowledge and skills to provide more efficient and effective services to those who are at that their door step in need of presumed competence.

In conclusion, the research study showed that when domestic violence interventions were offered, the Closing CQA scores seem to be lower than the Initial CQA scores. It is recognized that an assumption should not be made to directly correlate lower CQA scores with a lowered risk of child maltreatment. As discussed before there are significant limitations related to the CPS workers' method of scoring risks.

More related studies of this nature should be done on a larger scale to identify how CPS workers are trained to identify domestic violence, to determine how effective they are at identifying it, and how often they are providing successful interventions for it.

Appendix

I. Sample Continuous Quality Assessment Outline and Directions

II. Concurrent Child Maltreatment and Domestic Violence Tip Sheet

III. Cabinet for Health and Family Services Supporting Agency Letter

IV. Data Collection Instrument

V. Cabinet for Health and Family Services IRB Application

VI. University of Kentucky IRB application

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